

Transcendental Meditation (NCD 30.5)

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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Multiple Electroconvulsive Therapy (MECT) (NCD 160.25)
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Complementary and Alternative Medicine

Policy Summary

[↪ See Purpose](#)

Overview

Transcendental Meditation (TM) is a skill that is claimed to produce a state of relaxation and rest when practiced effectively. Patients are taught TM techniques over the course of several sessions by persons trained in TM. The patient then uses the TM technique on his or her own to induce the relaxed state. Proponents of TM have urged that Medicare cover the training of patients to practice TM when it is medically prescribed as the sole or adjunctive treatment of anxiety and other psychological stress-related disorders, or as the treatment for mild hypertension, as adjunctive therapy in the treatment of essential hypertension.

Guidelines

CMS has concluded that the evidence concerning the medical efficacy of TM is incomplete at best and does not demonstrate effectiveness and that a professional level of skill is not required for the training of patients to engage in TM.

Many articles have been written about application of TM for patients with anxiety and certain forms of hypertension, there are no rigorous scientific studies that demonstrate the effectiveness of TM for use as an adjunct medical therapy for such conditions. Neither TM nor the training of patients for its use are covered under the Medicare program.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
90899	Unlisted Psychiatric Service or Procedure

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References

CMS National Coverage Determinations (NCDs)

[NCD 30.5 Transcendental Meditation](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34183 Psychiatric Inpatient Hospitalization	A57052 Billing and Coding: Psychiatric Inpatient Hospitalization	CGS	KY, OH	KY, OH
L34570 Psychiatric Inpatient Hospitalization	A56614 Billing and Coding: Psychiatric Inpatient Hospitalization	Palmetto	AL, GA, TN, SC, VA, WV, NC	
L33624 Psychiatric Inpatient Hospitalization	A56865 Billing and Coding: Psychiatric Inpatient Hospitalization	NGS	IL, MN, WI, CT, NY, ME, MA, NH, RI, VT	IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
L33975 Psychiatric Inpatient Hospitalization	A57726 Billing and Coding: Psychiatric Inpatient Hospitalization	First Coast	FL, PR, VI	

Other(s)

[Medicare National Coverage Determinations Manual, § 30.5 Transcendental Meditation](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
07/08/2020	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG312.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).